

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/151598C FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2							52						
3			1		1		53						
4							54						
5							55						
6	2		2		2		56						
7	4		2		2		57						
8	4		2		2		58						
9	8		1		1		59						
10	8		1		1		60						
11	8		1		1		61						
12	8		1		1		62						
13	8		1		1		63						
14	8		1		1		64						
15							65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓	1	↓	TOTAL IND.	↓	↓	↓	↓	↓	
TOTAL DEP.	22	←	13	←	13	←	TOTAL DEP.	←	←	←	←	←	
TOTAL AMCS	13	14	14	14			TOTAL CLAIMS						